(Requestor's Name)						
(Address)						
(Address)						
(Maaress)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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08/05/21--01014--020 **87.50

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR A NONRESIDENT RESTRICTED-USE PESTICIDE LICENSE

			PART I		-	2021
1. Name and busi		ess of nonresid	dent:			ΛÜ3
24640 SY		COlumb	iana, M	3505	·]	-5
(COMPLETE EITH	HER #2 <u>OI</u>	<u>R</u> #3 - NOT BC	OTH)			<u>- 3:</u> 5-
2. The name and may be served in a						e of process
				, FL		
Having been name behalf of the under in this capacity.						
Registere	d Agent's	signature:				
3. I, AY AYE Florida Secretary of in accordance with Nonreside	of State as section 4	my registered 87.047(2), Floi	' agent upon w	nonresident, hom service o	hereby app of process m	oint the ay be served ——
		[PART II			
I hereby acknowled registered office po Nonreside	ursuant to ent's signa		17, Florida Stat		registered a	gent and a
	\$: \$35.00 - \$52.50 - \$87.50 - (MAKE CHEC	REGISTERED A CERTIFIED COF TOTAL DUE CK PAYABLE TO: DOCUMENT AND O DIVISION OF P.O. BOX 63	GENT DESIGNAT PY FEE (REQUIR) FLORIDA DEPT. O CHECK TO: CORPORATIONS	ED)		2021 JUL -1 PH 3
NOTE: CONFIRMATIO	N OF FILING	AND A CERTIFIED	COPY WILL BE R	ETURNED TO TH	IE FLORIDA DEI	PARTMENT OF